Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 25 OMB NO.: 0938-Pennsylvania State: \_\_\_\_ Agency\* Citation(s) Groups Covered C. Optional Coverage of Medically Needy (Continued) 1902(e)(4) of 4. Newborn children born on or after the Act October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household. 42 CFR 435.308  $5.\sqrt{X}$  a. Financially eligible individuals who are not described in section C.3. above and who are under the age of --21 <u>X</u> 20 19 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below: Individuals for whom public agencies are (1)assuming full or partial financial responsibility and who are: (a) In foster homes (and are under the age of \_\_\_\_). (b) In private institutions (and are under the age of  $\underline{\hspace{1cm}}$ ).

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	c.	Optional Covera	ge of Medically Needy (Continued)
		(c)	In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).
			Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).
			Individuals in NFs (who are under the age of). NF services are provided under this plan.
		:	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of).
		! <del>-</del>	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
		5	Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.
		NOT APPLICABLE	IN PENNSYLVANIA
TN No. 9 Supersedes TN No.	1-33 Appr	oval Date 9/10	Effective Date November 1, 1991 HCFA ID: 7983E

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Citation(s) Agency\*

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310  $/\overline{X}$  6. Caretaker relatives.

42 CFR 435.320  $\sqrt{\overline{X}}$  7. Aged individuals. and 435.330

42 CFR 435.322 /X 8. Blind individuals. and 435.330

42 CFR 435.324  $\sqrt{X}$  9. Disabled individuals. and 435.330

42 CFR 435.326  $\angle$  10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.

435.340

- 11. Blind and disabled individuals who:
  - a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
  - b. Were eligible as medically needy in December 1973 as blind or disabled; and
  - c. For each consecutive month after December 1943 continue to meet the December 1973 eligibility criteria.

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